

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		1				
5		1				
6		1				
7	1					
8						
9	1					
10		3				
11		3				
12		3				
13		3				
14		1				
15		1				
16		1				
17		1				
18		3				
19		3				
20		(1)				
21		1				
22		1				
23		1				
24		3				
25		3				
26		3				
27		3				
28		3				
29		3				
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31		3				
32		3				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	65					
TOTAL CLAIMS	70					

	IND		DEP		IND		DEP		IND		DEP	
51												
52												
53												
54												
55												
56												
57												
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96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

133
24
11